

MONTANA BOARD OF MEDICAL EXAMINERS
P. O. Box 200513 (301 S Park, 4 TH Floor - Delivery)
Helena, Montana 59620-0513
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PRACTICE HISTORY & SPECIALTY INFO

Practice History: List **ALL** activities after medical school (other than those already set forth above) in chronological order, up to and including the present, indicating **Month and Year** for each activity. **Account for all periods of time longer than 1 month.** Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. For any non-working time, you must state exactly what your activities were, such as "vacation" or "seeking employment" as well as your permanent address during that time. If you are listing a medical practice, indicate the nature of the practice and the percentage of working time spent in clinical and administrative duties. If you worked for a physician staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. **DO NOT SUBSTITUTE ANY OTHER RESUME FORMAT FOR THIS SECTION.** Use additional paper if necessary.

Start (MM/ YYYY)	End (MM/ YYYY)	Type of Activity/ Position	Name and Address of Practice	Position/ Department	Percentage of Time Spent (total = 100%)		Reason For Leaving
					Clinical	Administrative	

Have you ever been certified by a Specialty Board?

Certifying Agency	Specialty	Date Awarded/ Re-Certified

Have you ever been denied specialty certification or failed to pass a specialty certification examination or portion thereof?

If so, by whom? _____

Reason for denial?_____ Number of times failed_____